

Case Number:	CM15-0198752		
Date Assigned:	10/14/2015	Date of Injury:	10/08/2012
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old male, who sustained an industrial injury on 10-8-2012. The injured worker was being treated for primary localized osteoarthritis involving pelvic region and thigh, pain in joint pelvic region and thigh, enthesopathy of hip region, contusion of hip, lumbosacral sprain and strain, rheumatism unspecified and fibrositis, and unspecified myalgia and myositis. Medical records (4-30-2015 to 8-7-2015) indicate ongoing burning, dull, throbbing pain of the anterior and posterior left hip, which is constant. The treating physician noted continued significant spasms of the left hip and leg. The injured worker's pain is aggravated by cold, movement, and standing. His pain is alleviated by heat and medications. The medical records (3-5-2015 to 8-7-2015) show the subjective pain rating shows no improvement from 4 out of 10 with medications and 9 out of 10 without medications. His current medications include pain and muscle relaxant (Fexmid since at least 3-2015). The physical exam (3-5-2015 to 8-7-2015) reveals tenderness to palpation of the anterior, lateral, and posterior left hip; gluteal, left and, and left inguinal. There is decreased range of motion. The injured worker has a limping gait bilaterally with left limp with leg length discrepancy. Per the treating physician (4-20-2015 report), a lumbar MRI revealed stenosis. Surgeries to date have included a left hip replacement. Treatment has included physical therapy and medications including topical pain, oral pain, and muscle relaxant. Per the treating physician (8-7-2015 report), the injured worker is currently employed. The requested treatments included Fexmid 7.5mg. On 9-11-2015, the original utilization review non-certified a retrospective request Fexmid 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Fexmid 7.5mg #90 (8/24/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back and hip pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.